suitable for medical students, orthopaedic trainees and A&E doctors. The first page gives an overview with links to middle third, lateral third and acromioclavicular joint injuries. It has some useful information that can directly be put into practice and used for discussion in fracture meetings. It outlines different classifications, including Allman, Neer, Rockwood and Green, although not in any great detail. This is the only site that defines the Edinburgh classification, which looks at the probability of non-union. It also has a simple prognostic index calculator for non-union of conservatively managed fractures from a review of 858 cases by Robinson.***

www.emedicine.com

There are two articles on the e-medicine website: 'Clavicle Fractures' in the orthopaedic section and 'Fractures, Clavicle' in the emergency medicine section. The former is extensive, well structured and includes the Allman classification, but is made up of large chunks of text which are more easily read printed out. It covers a huge amount of information in 4300 words, but there are no X-rays and the diagrams require a subscription of \$19.95 to have access to the full-size images. The latter has been written to fit into a standard emergency medicine topic format with set headings, and is consequently less useful, although not bad, as an overview for medical students.**

www.shoulderdoc.co.uk

Shoulderdoc is an interactive site for patients with some additional professional educational material on shoulder and elbow problems. It has been recently updated and includes Robinson's abstract and prognostic index graphs. It is not intended as a revision website for orthopaedic trainees, and the material aimed at professionals is limited, but this site is definitely the best for patients seeking information and advice. It has an easy-to-use interface with a good search function and some excellent anatomical diagrams of the shoulder.***

Dupuytren's contracture

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www.emedicine.com/plastic/topic299

Dr G Bolitho, Associate Clinical Professor of Plastic Surgery at the University of California, provides a very structured

and comprehensive review of Dupuytren's disease. Basic topics such as epidemiology, aetiology and pathogenesis are covered in sufficient detail to maintain the interest of the enthusiast without getting bogged down. The description of the palmar fascia anatomy, which is fundamental to understanding disease presentation and management, is clear enough. However, without the benefit of illustrations, the various fascial structures are difficult to visualise for the uninitiated. A section on indications for intervention is very welcome as this is a topic often discussed but seldom written about. One of the strengths of this article is in the clear and focused description of surgical management, which can be a confusing topic due to terminology as well as the variety of fasciectomy. Although the scope of the article is broad enough to appeal to general practitioners and physicians, it is really a manual for surgical trainees and should be considered essential reading.****

www.wheellessonline.com

The chapter on Dupuytren's contracture benefits from a simple format that is easy to follow, with good links to related pages and appropriate publications. All aspects of surgery are discussed including a very detailed and well-illustrated section on incisions and postoperative care, a topic often neglected. This is not a detailed account of Dupuytren's disease itself but the notes on surgical treatment are an invaluable resource for trainees wishing to learn and practice the various techniques.***

www.patient.co.uk

This website, created by general practitioners, provides patient-oriented advice about Dupuytren's contracture and is an excellent first port-of-call for patients with newly diagnosed disease. The information leaflet is succinct and presented in a clear and comprehensible manner. Unfortunately, no pictures are provided to embellish the text descriptions, which may prove frustrating for patients. A 'PatientPlus' section provides doctors with more detailed information on the disease and is probably most useful for general practitioners. The links to other sites are very useful, such as the NICE guidelines on needle fasciotomy, patient support groups and descriptions of patients' experiences.***

http://www.dupuytren-online.info

The German Dupuytren Society created this website to provide information on treatment options for Dupuytren's contracture. This is a very user-friendly website and, although aimed at patients, is actually quite detailed. The English is slightly awkward in places and patients will have to get used to Dupuytren's being referred to as 'the tumour'. The site additionally provides links to several scientific publications, related websites and to forums for patients

and doctors to communicate their own experiences. As an added bonus for the patients unlucky enough to suffer from associated conditions, there are sections on Ledderhose disease and Peyronie's disease. In summary, the basic topics are covered well and the many links will be sure to satisfy patients with insatiable appetites for knowledge about their condition.***

www.asssh.org

The American Society for Surgery of the Hand provides basic information on Dupuytren's contracture for patients. It is really designed to assist patients in deciding how to proceed once the diagnosis has been made. This includes a link to help 'find a hand surgeon near you' and, should the patient want more than the basics, links are provided for Medline, the National Library of Medicine and the National Institutes of Health. Excellent pictures make the information readily digestible, although the review is not comprehensive and patients visiting the site are instructed to glean more detail from their chosen surgeon with regard to surgical options and outcomes.**

www.mayoclinic.com

The Mayo Clinic website has a page dedicated to Dupuytren's contracture that is aimed at patients. The review covers important topics such as signs and symptoms, risk factors, when to seek medical advice, screening and diagnosis, complications and treatment. The website is user-friendly, allowing the reader to find specific information easily, whilst the uncomplicated language ensures an easy, yet informative, read. However, a lack of pictures or bibliography prevents a more fulfilling visit. Furthermore, the scope and appeal of the site could be broadened to include additional sections on topics such as pathology, patient experiences and provision of links to other related sites.**

www.wikipedia.org

Wikipedia is a multilingual, online encyclopaedia written by volunteers from around the world. The section on Dupuytren's contracture covers most areas, from anatomy and symptoms to epidemiology and treatment options. However, the article is shy on detail, allowing just two lines on surgical management, which is neither long enough to inform patients of the various options or instruct trainee surgeons. This Spartan text is remedied, to some extent, by numerous links to associated articles and references that allow further indulgence.**

Hidradenitis suppurativa

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e-medicine

<http://www.emedicine.com/derm/topic892.htm>

A well-structured site that covers the topic extensively including: historical aspects, epidemiology, symptoms and signs, investigations, associated disorders, treatments, complications and prognosis. There are numerous photographs that depict the condition at various anatomical locations. The website is aimed primarily at physicians as the information provided is in-depth with technical language with a plethora of references for those who wish to look at any aspect in greater detail.****

Patient UK

<http://www.patient.co.uk/comments/40024681/>

<http://www.patient.co.uk/showdoc/40024681/>

This site offers comprehensive, free, up-to-date health information for both patients and doctors. The 'PatientPlus' article has clear and systematic information on all aspects of hidradenitis including preventative methods, drugs used in acute and chronic stages and surgical indications for the three main stages of this disease. This article written for doctors uses technical language, can be a useful adjunct to other websites written for patients. There are useful links to sources of information and support, including the Hidradenitis Suppurativa Support Group. Personal experiences of sufferers can be posted on this website allowing them to share their views and opinions with others.***

The Hidradenitis Suppurativa Support Group – part of the Hidradenitis Information Development Exchange (HIDE) International Web

<http://www.angelfire.com/amiga/hssg/>

A UK-based website set up in 1999 by a support group specifically aimed at patients suffering from this condition. Although there is little background information regarding the condition itself, current treatment options are listed along with the general consensus from sufferers who have tried these treatments. The site includes simple tips on reducing progression of the disease, links to medical websites, and updates on any new developments in treatments. Further contact details of agencies that can offer social, psychological and economical support are provided and there are facilities that allow one to contact sufferers from around the world, ask questions, and read comments from other patients. A very useful resource for patients.****